

2009 NOT-FOR-PROFIT CORPORATION ANNUAL REPORT

DOCUMENT# N08000003936

FILED
Apr 01, 2009
Secretary of State

Entity Name: GLOBAL CONSCIOUSNESS FOUNDATION, INC.

Current Principal Place of Business:

2332 GALIANO ST 2ND FLOOR
CORAL GABLES, FL 33134 US

New Principal Place of Business:

Current Mailing Address:

2020 NE 163 STREET
SUITE 300D
N MIAMI BEACH, FL 33162 US

New Mailing Address:

FEI Number: 26-2459309

FEI Number Applied For ()

FEI Number Not Applicable ()

Certificate of Status Desired ()

Name and Address of Current Registered Agent:

SILVA'S ENTERPRISE, INC.
5220 S UNIVERSITY DR
SUITE C-102
DAVIE, FL 33328 US

Name and Address of New Registered Agent:

The above named entity submits this statement for the purpose of changing its registered office or registered agent, or both, in the State of Florida.

SIGNATURE:

Electronic Signature of Registered Agent

Date

OFFICERS AND DIRECTORS:

Title: PD () Delete
Name: NAVARRO, SEBASTIAN
Address: 2332 GALIANO ST 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: VPD () Delete
Name: GARCIA, PATRICIA
Address: 2332 GALIANO ST 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: SD () Delete
Name: MALDONADO, SANTIAGO
Address: 2332 GALIANO ST 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: SAVET, J.R.
Address: 2332 GALIANO ST 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: PAZMINO, KARINA
Address: 2332 GALIANO ST 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D () Delete
Name: HILU, HERNAN
Address: 2332 GALIANO ST 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

ADDITIONS/CHANGES TO OFFICERS AND DIRECTORS:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: () Change () Addition
Name:
Address:
City-St-Zip:

Title: D (X) Change () Addition
Name: GONZALEZ, XIMENA
Address: 2332 GALIANO ST 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: D (X) Change () Addition
Name: MARIO, MOLINA
Address: 2332 GALIANO ST 2ND FLOOR
City-St-Zip: CORAL GABLES, FL 33134

Title: () Change () Addition
Name:
Address:
City-St-Zip:

I hereby certify that the information supplied with this filing does not qualify for the exemption stated in Chapter 119, Florida Statutes. I further certify that the information indicated on this report or supplemental report is true and accurate and that my electronic signature shall have the same legal effect as if made under oath; that I am an officer or director of the corporation or the receiver or trustee empowered to execute this report as required by Chapter 617, Florida Statutes; and that my name appears above, or on an attachment with an address, with all other like empowered.

SIGNATURE: SN

P

04/01/2009

Electronic Signature of Signing Officer or Director

Date